

Fill in this information to identify the case:

Debtor

ESSENTIAL FINANCIAL EDUCATION INC.

United States Bankruptcy Court for the:

NORTHERN

District of

TEXAS
(State)Case number
(if known)18-33108**FILED**

DEC 14 2018

CLERK, U.S. BANKRUPTCY COURT Check if this is an
NORTHERN DISTRICT OF TEXAS amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____

Total claim

Priority amount

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)**2.2 Priority creditor's name and mailing address**

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)**2.3 Priority creditor's name and mailing address**

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. Priority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____ \$ _____

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

2. Priority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____ \$ _____

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

2. Priority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____ \$ _____

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

2. Priority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____ \$ _____

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	<p>Nonpriority creditor's name and mailing address</p> <p><u>CAPITAL ONE BUSINESS VISA</u></p> <p><u>Acct 4154177944251330</u></p> <p><u>P.O. BOX 105474 ATLANTA GA</u> <u>30348</u></p> <p>Date or dates debt was incurred <u>2017-2018</u></p> <p>Last 4 digits of account number <u>1330</u></p>	<p>As of the petition filing date, the claim is: <u>\$ 15,601⁰⁰</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.2	<p>Nonpriority creditor's name and mailing address</p> <p><u>CLARK HILL STRASSBURGER</u></p> <p><u>PO BOX 50100</u></p> <p><u>DALLAS TX 75250</u></p> <p>Date or dates debt was incurred <u>2019</u></p> <p>Last 4 digits of account number <u>0102</u></p>	<p>As of the petition filing date, the claim is: <u>\$ 148,692</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.3	<p>Nonpriority creditor's name and mailing address</p> <p><u>KRLD RADIO</u></p> <p><u>4131 NORTH CENTRAL EXPRESSWAY</u></p> <p><u>Dallas TX 75204</u></p> <p>Date or dates debt was incurred <u>2018</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 13,500</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.4	<p>Nonpriority creditor's name and mailing address</p> <p><u>TUITION FUNDING SOURCE LLC</u></p> <p><u>1501 HALL JOHNSON # 1273</u></p> <p><u>Colleyville TX 76034</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 528,823</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.5	<p>Nonpriority creditor's name and mailing address</p> <p><u>IRS</u></p> <p><u>Memphis TN 38101-0017</u></p> <p>Date or dates debt was incurred <u>2016</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 464,935</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.6	<p>Nonpriority creditor's name and mailing address</p> <p><u>6 FARLIN CAUFIELD Trust</u></p> <p><u>1501 Hall Johnson Rd # 1273</u></p> <p><u>Colleyville TX 76034</u></p> <p>Date or dates debt was incurred <u>2016-2018</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 204,000</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed☐ Liquidated and neither contingent nor disputed

\$

Basis for the claim: _____

Date or dates debt was incurred _____

Is the claim subject to offset?

☐ No☐ Yes

Last 4 digits of account number _____

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$

Basis for the claim: _____

Date or dates debt was incurred _____

Is the claim subject to offset?

☐ No☐ Yes

Last 4 digits of account number _____

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$

Basis for the claim: _____

Date or dates debt was incurred _____

Is the claim subject to offset?

☐ No☐ Yes

Last 4 digits of account number _____

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$

Basis for the claim: _____

Date or dates debt was incurred _____

Is the claim subject to offset?

☐ No☐ Yes

Last 4 digits of account number _____

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$

Basis for the claim: _____

Date or dates debt was incurred _____

Is the claim subject to offset?

☐ No☐ Yes

Last 4 digits of account number _____

Part 3:**List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1.	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.2.	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.3.	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.4.	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.5.	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.6.	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.7.	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.8.	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.9.	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.10.	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.11.	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. Total claims from Part 1	5a.	\$ 1,375,551.75
5b. Total claims from Part 2	5b. +	\$ 1,361,511
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$ <div>1,375,551.75</div>

Fill in this information to identify the case:

Debtor name ESSENTIAL FINANCIAL EDUCATION INC.
United States Bankruptcy Court for the: NORTHERN District of TEXAS
(State)
Case number (if known): 18-33108

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from Schedule A/B.....

\$ 0

1b. **Total personal property:**

Copy line 91A from Schedule A/B.....

\$ 0

1c. **Total of all property:**

Copy line 92 from Schedule A/B.....

\$ 0

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D.....

\$ 0

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of Schedule E/F.....

\$ _____

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F.....

+ \$ ~~736,551~~

1,375,551.75

4. **Total liabilities**.....
Lines 2 + 3a + 3b

\$ ~~736,551~~

\$ 1,375,551.75